

ACL revisions skema

Patient label: _____

Date of examination: ____/____/____
Day Month Year

1. Tidligere ACL rekonstruktion

Dato: _____

Graft: _____

Femur implantat: _____

Tibia implantat: _____

2. Formodet årsag til graftsvigt! _____

3. Tunnelvidening (max diameter)

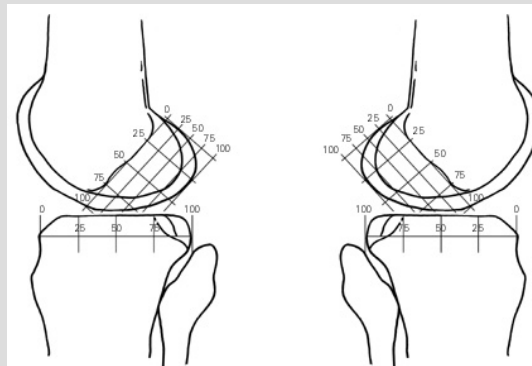
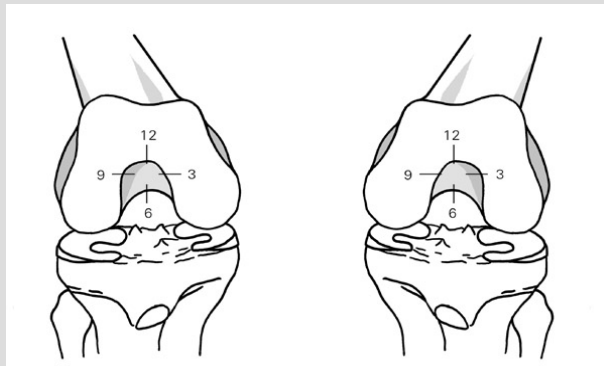
Femur

AP: _____ Lateral: _____

Tibia

AP: _____ Lateral: _____

4. Tunnel placering



5. OP plan

Graft: _____

Femur implantat: _____

Tibia implantat: _____

Oprtransplant. : _____

Husk at vedlægge rgt udprint i journal